IDAHO COOPERATOR CERTIFICATION FORM (ICCF)

- A. The equipment listed on the Idaho ICCF meets all of the minimum requirements found in the Idaho Fire Service Organization Rate Book (FSO Rate Book) for use and operation of the equipment type identified.
- B. Failure to accurately classify the equipment type as described in the FSO Rate Book shall result in a downgrade of typing and a reduction in rate to the type level the equipment meets as set forth in the FSO Rate Book. Failure of the equipment described herein to meet all FSO Rate Book requirements, or to provide the qualified personnel or equipment within 24 hours, will be cause for release and return to point of hire in pay status.
- C. It is agreed that the hiring entity may inspect the listed equipment and the appropriate training records. These inspections may be done preseason or at the incident during fire season.
- D. A copy of this certification shall be provided to the Finance Section Chief, or their designated representative, immediately upon arrival at the incident. When the Idaho Cooperator Certification Form (ICCF) has been completed, no other agreement (or EERA) is necessary.
- E. The individuals listed on the Idaho Cooperation Certification Form Resources, Appendix 1 (page 2 of 8), meet all of the requirements for the position(s) listed in accordance with National Wildfire Coordinating Group (NWCG), National Incident Management System Wildland Fire Qualifications System Guide, PMS 310-1, or NFPA Equivalency, and Idaho EMS License. Operators must possess a valid Driver's License and have the knowledge, skills, and abilities to operate the type and class of equipment listed herein.

I certify that the equipment and personnel listed herein meet the minimum resource typing standards as shown in the Idaho Fire Service Organization Rate Book. I hereby certify that I am authorized to sign this Idaho Cooperator Certification Form.

Fire Chief (Signature)

JAMES COOK

Fire Chief Name (Printed)

PARMA FIRE DEPARTMENT

Fire Department Name (Printed)

Idaho Cooperator Certification Form (ICCF) Resources

Name

Qualification(s)/Licenses (NWCG/NFPA/EMS)

| Jeff Rodgers | ENGB, NFPA Chief Officer, EMPF |
|-----------------|---------------------------------|
| James Cook | ENGB, NFPA Chief Officer, EMPF |
| Justin Niemeyer | ENGB, NFPA Chief Officer1, EMPF |
| James Manning | ENGB, NFPA Chief Officer1, EMPF |
| Jared Silvis | FFT1, NFPA FF1, EMTF |
| Mike Turner | FFT1, NFPA FF1, EMTF |
| _Jay Kurjpuweit | FFT2, NFPA FF1, AEMT |
| Gavin Courtney | FFT2, NFPA FF1, EMTF |
| Bill Sterling | FFT1, NFPA FF1, EMTF |
| Aaron Smith | FFT2, NFPA FF1, EMTF |
| Chelsie Johnson | FFT1, NFPA FF1, AEMF |
| Zach Reese | FFT1, NFPA Driver OPS, EMTF |
| Todd Hesse | ENGB, NFPA Driver OPS, AEMF |
| Tom Fogg | FFT2, NFPA FF1, AEMT |
| Bill Arsenault | ENGB,HECM,ENOP, NFPA FF1, EMPF |
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IDAHO COOPERATOR CERTIFICATION FORM (ICCF)
When the Idaho Cooperator Certification Form (ICCF) has been completed,
no other agreement (or EERA) is necessary.

| IOL Area/District/Association | | 4 | Dillorn (O) | LLINA IS 116 | cessary. | | | | | | |
|--|--|------------------------------------|-------------------------------|--|-----------------------|--------------------------------------|--|--|--|--|--|
| a. Name and Address: | | b. Agreement No.: (DL-610-16-40 | | | | Agreement No.: 2. EFFECTIVE DATES OF | | | | | |
| Idaho Department of Lands Southwest Idaho Fire Protection Distric | • | | | | | CERTIFICATION | | | | | |
| 8355 W. State St. Boise, IU 83714 | | C. F | Phone: 208 3 | 134-3488 | | a, Beginning: 6/1/2016 | | | | | |
| | | d, f | FAX: 208 853 | 3-6372 | | b. Ending: 12/31/2017 | | | | | |
| 3. FIRE DEPARTMENT a. Name and Address: | | | -mail Address fdchief33@gn | | | 4. ORDERING DISPATCH CENTER | | | | | |
| PARMA FIRE DEPARTMENT PO BOX 702 | | Pi | recinera 2 & Au | nau com | | BDC | | | | | |
| PARMA ID 83660 | | c, f | hone (Day): | | | | | | | | |
| | | | | 208 571-95 | 71 | | | | | | |
| | | | Cell Phone: 20 | | | | | | | | |
| 5. THE FOLLOWING EQUIPMENT IS BE | ING PPOI | | AX: 208 772 | 6205 ———————————————————————————————————— | | <u> </u> | | | | | |
| Fully Operated (Includes Personnel & Equipment) Unoperated (Personnel Costs Billed Separately) | | | | | 6. OPERAT Provided t | ING SUPPLIES by Incident | | | | | |
| 7. ITEM DESCRIPTION - Provide Make | 7. ITEM DESCRIPTION - Provide: Make, Model, Year, VIN, License Plate No., and List NWCG Equipment Type | | | | MILEAGE/SHIFT | | | | | | |
| Description | | Туре | Minimum Staff | Pate | Unit | 9. SPECIAL | | | | | |
| a. 2006 Spartan BME 1000 gailon, 1500 gpm | E-911 | | | \$175.00 | Hr | | | | | | |
| VIN: 4S7HT2D906C053561 Lic# F2129 | | E2 | 3 | \$2,450.00 | Day/1Shift | | | | | | |
| | | | | \$4,043,00 | Day/2Shift | | | | | | |
| b. 1997 BME International 500 gallon / 350 gpm | T-961 | | | \$161.00 | Hr | | | | | | |
| VIN # 1HT5AAK5WH533763 | | WE3 | 3 | \$2,254.00 | Day/1Shift | | | | | | |
| Lic# F1053 | | | | \$3,719.00 | Day/2Shift | | | | | | |
| b. 2015 BME Freightliner 750 gallon / 250 gpm | T-963 | , | | \$161.00 | Hr | | | | | | |
| VIN # 1FVDCYCY6GHHD7078 Lic# F | | WE3 | 3 | \$2,254.00 | Day/1Shift | | | | | | |
| | | | | \$3,719.00 | Day/2Shift | | | | | | |
| c. 2007 FORD F-150 4x4 VIN: 1FTPX14V57FA41950 | 951 | Comma | | | | | | | | | |
| Lic# F2652 | | nd Vehicle | 1 1 | \$85.00 | Day | Un-operated | | | | | |
| | | Adutole | <u> </u> | | | | | | | | |
| | | 1 | | \$0.00 | | | | | | | |
| | | | | \$0.00 | | | | | | | |
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| | | | | \$0.00 | | | | | | | |
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| | | =1 | | \$0.00 | | | | | | | |
| | | | | \$0.00 | | | | | | | |
| | | | | \$0.00 | | | | | | | |

James Cook, Fire Chief

12. SIGNATURE OF FIRE WARDEN OR AUTI IORIZED AGENT

16. DATE 7/2//

15. PHINT NAME AND FITLE

Casper Urbanck, Fire Wardent

| Description | Туре | Minimum Staff | Rate | Unit | Special |
|--|--|---|--|---|---|
| | | | \$0.00 | | - Opecial |
| | | | \$0.00 | | |
| | 1.5 | | \$0.00 | | |
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| | | <u> </u> _ | \$0.00 | F 335- | |
| | | | \$0.00 | | |
| PECIAL PROVISIONS - Haustures | | | \$0.00 | | |
| SPECIAL PROVISIONS - Hourly rate applies or Handling Equipment Hates" for first/last day. artial days. Number of personnel is the minimular pment may operate with an additional crew ment of \$350. A Resource Order is required. | Chase/Commar required per on the appropriate t | t day not to exc ad vehicles, whe operational perio proval of the ho | n ordered by the line of the line of the line of the line of the additional the a | When reassigned to neident, are paid at al purposes and or f ditional personnel ra | another incident Roter to "D a Daily Rate with no reduction or salety reasons, some te is \$25 per hour or a daily |
| | | | | | |

14. DATE